



## RECREATION DEPARTMENT

*The Heart of the Neighborhood*

[www.chulavistaca.gov/rec](http://www.chulavistaca.gov/rec)



# YOUTH COED BASKETBALL LEAGUE SUMMER 2010

## GENERAL INFORMATION

The Youth Athletics section Summer Youth Coed Basketball League is Recreation Center based. Games will be played on a West (Parkway & Otay) and East (Monteville, Salt Creek & Veterans) basis. Each center will be responsible for effectively operating a self-sufficient league. For example, Monteville will have Monteville teams and Parkway will have Parkway teams, etc. For consistency and fairness, children participating in the league sign-up according to their home address zip code. Veterans Park is actually in the 91911 zip code, so children whose home school is Parkview, Greg Rogers, or Hedenkamp Elementary Schools will play at Veterans.

### The zip code breakdown is as follows:

#### West Section

Otay – 91911, 91932 (Imperial Beach), & 92154 (South San Diego)  
Parkway – 91910, 91950 (National City), 92139 (San Diego)

#### East Section

Monteville – 91914 & 91902 (Bonita)  
Salt Creek – 91915  
Veterans – 91913, Parkview, Greg Rogers, & Hedenkamp Schools

The teams in the west section will play each other during the regular season as will the east section teams; whenever possible. Games will be played at the different centers within their section.

Request for children to be placed on the same team for car pool reasons and requests for specific coaches and practice days cannot be honored.

Limited financial aid is available for qualified applicants. Request forms are available at ALL centers. Applications will be accepted through June 4, 2010.

## REGISTRATION INFORMATION

### **May 10 - June 11 (on a space available basis)**

Space is limited, so register as soon as possible. Once the league is filled, a waiting list may be established to fill vacant spots on established teams. Make checks payable to "City of Chula Vista."

#### Walk-In Registration

Generally, recreation centers accept walk-in registration 3-7pm, Monday - Friday and 12-3:30pm Saturdays. It is recommended to call ahead to confirm hours of operation.

#### West Section

Otay: 3554 Main St • (619) 476-5325  
Parkway: 373 Park Wy • (619) 691-5083

#### East Section

Monteville: 840 Duncan Ranch Rd • (619) 691-5269  
Salt Creek: 2710 Otay Lakes Rd • (619) 585-5739  
Veterans: 785 East Palomar • (619) 691-5260

#### Mail-In Registration

Registration postmarked before May 10 will NOT be accepted, and will be returned by mail. Mail-in registration to:

Recreation Department  
ATTN: Steve Scott, Youth Athletics  
276 Fourth Avenue, MS R-109  
Chula Vista, CA 91910

#### Online Registration

**[www.chulavistaca.gov/rec](http://www.chulavistaca.gov/rec)**

Please note, a nominal, non-refundable "convenience fee" is charged in addition to the participant fee for the online service provided by an online registration vendor.

Incomplete registrations (no birth certificate, no authorized signature, etc.) will NOT be processed until the individual clarifies the incomplete information. Individuals who do not complete the information within ten working days will be dropped from the program. Registration with no fee will be returned.

**There are NO REFUNDS for this activity. NO EXCEPTIONS!**

The Chula Vista Elementary School District neither sponsors nor endorses this information, activity, or organization. Distribution of this material is provided by the district as a community service. Any questions should be directed to Steve Scott, Recreation Supervisor, (619) 585-5739 or 2710 Otay Lakes Rd, Chula Vista, CA 91915.



**YOUTH COED**

# BASKETBALL

## LEAGUE REGISTRATION FORM



**CITY OF  
CHULA VISTA**

**RECREATION  
DEPARTMENT**

### FOR MORE INFORMATION- PLEASE CALL

#### West Section:

Otay – James Northum – 476-5325  
Parkway – Frank Carson – 691-5083

#### East Section:

Monteville – Shaun Ellis – 691-5269  
Salt Creek – Steve Scott – 585-5739  
Veterans – Tony Ramos – 691-5260

### PLAYER EVALUATIONS

All players must attend the player evaluations.  
Each center will be conducting their own player evaluations and draft. Exact days/dates/times will be listed on your registration receipt when you register.

### PRACTICE DAYS/TIMES

Practices will begin the week of June 14 and will be outside one to two times per week (Monday - Friday 4-8pm.) Schedule depends on the availability of the volunteer coaches.

### AGE DIVISIONS\*

AA Born 1993 - 1996 COED\*  
A Born 1997 - 1998 COED  
B Born 1999 - 2000 COED  
C Born 2001 - 2002 COED

*\* Class of 2010 graduating seniors born in 1992 can register for AA Division*

### GAME DAYS & DATES

Games will be played on Tuesday & Friday evenings and Saturdays all day.  
Each team will play two games per week (one weekday and one Saturday).

First Game: June 26 (no games Saturday, July 3)

Last Game: July 31

Play-offs Begin: August 6

Championship Games: August 14

### LEAGUE FEE:

1st Child: \$75 Resident / \$95 Non-Resident

2nd Child or more: \$60 Resident / \$75 Non-Resident

Registration is open to the inexperienced as well as the experienced player.

### Circle Corresponding Activity Number for Zip Code Assigned Recreation Center (see previous page for zipcode info)

	Otay	Parkway	Monteville	Salt Creek	Veterans
<b>AA Division</b>	8450.341	8450.361	8450.351	8450.331	8450.311
<b>A Division</b>	8350.341	8350.361	8350.351	8350.331	8350.311
<b>B Division</b>	8250.341	8250.361	8250.351	8250.331	8250.311
<b>C Division</b>	8155.341	8155.361	8155.351	8155.331	8155.311



PARTICIPANT NAME \_\_\_\_\_ School \_\_\_\_\_ Male / Female \_\_\_\_\_

Parent's Name \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Child's Height: \_\_\_\_\_ Child's Weight: \_\_\_\_\_ Fee Enclosed \$ \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian: Are you interested in managing a team? YES NO Your Name: \_\_\_\_\_

### ACCIDENT WAIVER & RELEASE OF LIABILITY (AWRL)

Does the participant require special accommodations for a successful experience?

Yes \_\_\_\_\_ No \_\_\_\_\_

### READ, SIGN & DATE BELOW: (Unsigned waivers will cause your registration to be returned unprocessed.)

**IMPORTANT: A copy of each child's proof of age must be mailed with registration.**

**If a copy has been submitted in the past, there is no need to send another.**



Persons with special needs are encouraged to participate in all programs. For assistance, please contact Carmel Wilson at 409-5800 two weeks in advance of the program.

I \_\_\_\_\_ (REGISTRANT), and I \_\_\_\_\_ \*(REGISTRANT'S parent or guardian),

acknowledge that this activity may be an extreme test of REGISTRANT's physical and mental limits and that it could result in death, injury and property loss. Risks may derive from terrain, facilities, water conditions, weather, condition of equipment, vehicular traffic, actions of others, lack of hydration, as well as other sources. I hereby assume all risks of REGISTRANT's involvement in this activity. I certify that REGISTRANT is physically fit, has sufficiently trained for participation in this activity and has not been advised otherwise by a qualified medical person. I acknowledge that this AWRL form will be used by The City of Chula Vista and the activity holders, sponsors and organizers, in which REGISTRANT may participate and that it will govern REGISTRANT's actions and responsibilities at said activities. In consideration of REGISTRANT being permitted to participate in this activity, and on behalf of myself, my executors, administrators, heirs, successors and assigns, I hereby (A) WAIVE, RELEASE AND DISCHARGE FROM LIABILITY The City of Chula Vista and its directors, officers, employees, volunteers, representatives and agents, and the activity holders, sponsors, directors and volunteers, for the death, injury or property loss or damage of REGISTRANT or actions of any kind which may accrue to me as a result of REGISTRANT's participation in this activity; and (B) agree to INDEMNIFY AND HOLD HARMLESS the above-mentioned entities or persons from any and all liabilities or claims made by other individuals or entities as a result of any of REGISTRANT's actions during this activity except for those claims arising from the sole negligent or willful conduct of The City of Chula Vista or its agents. I hereby consent to the administering of medical treatment to REGISTRANT if deemed advisable in the event of injury, accident and/or illness during this activity. I understand that at this activity or related activities, REGISTRANT may be photographed. I agree to allow REGISTRANT's photo, video or film likeness to be used for any legitimate purpose by the event holders, sponsors, directors and their agents or assigns. This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document and understand its content. I further certify that I am the parent or guardian of the above-named participant and that I will hold each of the above-named individuals and entities harmless and indemnify each in the event of any loss whatsoever due to a defect in my legal capacity.

REGISTRANT's OR Parent/Guardian's Signature\* \_\_\_\_\_ Date \_\_\_\_\_

\*If the participant is under 18 years of age or legally incapacitated, the parent or guardian must also sign.

OFFICE USE ONLY: Amount enclosed: \$ \_\_\_\_\_ Bank # \_\_\_\_\_ Check/Money Order # \_\_\_\_\_ City Receipt \_\_\_\_\_